

**PATENT APPLICATION
IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re application of

Docket No: 15270J-004747US

Dale B. SCHENK

Application No.: 10/828,548

Group Art Unit: 1649

Confirmation No.: 3885

Examiner: Kolker, Daniel E.

Filed: April 19, 2004

For: PREVENTION AND TREATMENT OF AMYLOIDOGENIC DISEASE

REQUEST FOR REFUND

MAIL STOP 16

Director of the U.S. Patent and Trademark Office

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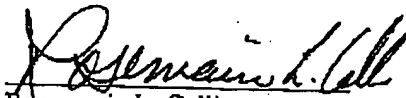
Alexandria, VA 22313-1450

Sir:

Applicant hereby respectfully requests a refund in the amount of \$1,020.00. This refund is to be credited to Deposit Account No. 19-4880. This request is submitted in duplicate.

As evidenced by the redacted copy of the deposit account statement submitted herewith, two extension of time fees each in the amount of \$1020.00 were deducted from Deposit Account No. 19-4880 on August 15, 2006. Only one extension of time fee should have been deducted. Applicant submits a copy of the Petition for Extension of Time filed on August 14, 2006 as proof that only one fee of \$1020.00 should have been deducted from Deposit Account No. 19-4880.

Respectfully submitted,



Rosemarie L. Celli
Registration No. 42,397

SUGHRUE MION, PLLC
Telephone: (650) 625-8100
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Date: September 8, 2006

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Deposit Account Statement

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Deposit Account Statement

Requested Statement Month: August 2006
Deposit Account Number: 194880
Name: SUGHRUE MION, PLLC
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Zip: 20037
Country: UNITED STATES

08/15 139 10828548	15270J-004747US	1253	\$1,020.00	\$106,929.48
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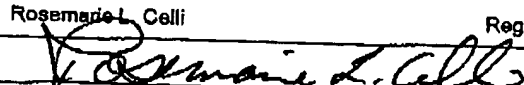
PTO/SB/21 (08-03)

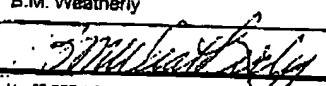
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application Number	10/828,648
		Filing Date	April 19, 2004
		First Named Inventor	Schenk, Dale B.
		Art Unit	1649
		Examiner Name	Kolker, Daniel
Total Number of Pages in This Submission	5	Attorney Docket Number	15270J-004747US

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Supplemental Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawings Sheets <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): 1. Request for Refund (in duplicate, 2 pages); 2. Copy of Deposit Account Statement (1 page); and 3. Copy of Petition for Extension (1 page).
Remarks		The Commissioner is authorized to charge any additional fees to Deposit Account 19-4880.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual	Rosemarie L. Celli Reg. No. 42,397
Signature	
Date	September 8, 2006

CERTIFICATE OF MAILING	
I hereby certify that this correspondence and the documents referred to as attached therein are being facsimile transmitted to the United States Patent and Trademark Office, Fax No.: (571) 273-6500 on the date shown below.	
Typed or printed name	B.M. Weatherly
Signature	
Date	September 8, 2006

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. 44547, 1.DOC

AUG 14 2006

PTO/SB/22 (12-04)

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional)	
FY 2005		15270-J-004747US	
<small>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</small>			
Application Number 10/828,548		Filed April 19, 2004	
For PREVENTION AND TREATMENT OF AMYLOIDOGENIC DISEASE			
Art Unit 1649		Examiner Kolker, Daniel E.	

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):

	<u>Fee</u>	<u>Small Entity Fee</u>	
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120	\$60	\$ _____
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$450	\$225	\$ _____
<input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1020	\$510	\$ 1020.00
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1590	\$795	\$ _____
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2160	\$1080	\$ _____

☐ Applicant claims small entity status. See 37 CFR 1.27.

☐ A check in the amount of the fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☐ The Director has already been authorized to charge fees in this application to a Deposit Account.

☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 19-4880. I have enclosed a duplicate of this sheet.

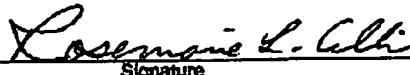
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

I am the ☐ applicant/inventor.

☐ assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).

☐ attorney or agent of record. Registration Number _____

☒ attorney or agent under 37 CFR 1.34.
Registration number if acting under 37 CFR 1.34 42,397


 Signature

August 14, 2006
 Date

Rosemarie L. Celli, Reg. No. 42,397
 Typed or printed name

650.625.8100
 Telephone Number

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 1 forms are submitted.

46142-1

08/15/2006 SSESHE1 00000107 194880 10828548

01 FC:1253 1020.00 DA

PAGE 2/10 * RCVD AT 8/14/2006 12:06:35 PM [Eastern Daylight Time] * SVR:USPTO-EFAXF-5/10 * DNIS:2738300 * CSID:6506258110 * DURATION (mm:ss):02:16

Adjustment date: 09/26/2006 ZJUHR1
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